MAYO CLINIC LABORATORIES

Patient ID	Patient Name		Birth Date	Gender	Age
321	TESTRNV, IMPLEMENTATION		1970-11-13	M	48
Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
X100289780	X100289780	TESTING			
Account Information		**Collected**			
C7028846 DLMP Rochester		04 Jun 2019 07:00			

DRVVT Screen Ratio, w/Reflex, P

Result Name	Value	Unit	Reference Value	Performing Site
High **DRVVT Screen Ratio**	**1.30**	ratio	<1.20	MCR

Received: 06 Jun 2019 08:33 **Reported:** 06 Jun 2019 08:33

DRVVT Mix Ratio

Result Name	Value	Unit	Reference Value	Performing Site
DRVVT Mix Ratio	1.19	ratio	<1.20	MCR

Received: 06 Jun 2019 08:33 **Reported:** 06 Jun 2019 08:37

DRVVT Confirmation Ratio

Result Name	Value	Unit	Reference Value	Performing Site
DRVVT Confirmation Ratio	1.19	ratio	<1.20	MCR

Received: 06 Jun 2019 08:33 **Reported:** 06 Jun 2019 08:37

DRVVT Interpretation

MCR

Impression:

1) No evidence of lupus anticoagulant based on the dilute Russell's viper venom time testing only. 2) The data may reflect anticoagulation therapy effects or other (congenital or acquired) coagulopathy. See comments and suggest clinical correlation.

2) If indicated consider repeat testing in the absence of anticoagulation therapy (greater than one week off anticoagulants).

3) If additional evaluation for presence of antiphospholipid antibodies is clinically indicated, consider obtaining serologic testing for IgG and IgM anti-cardiolipin and/or anti-beta-2 glycoprotein 1 antibodies.

Comments:

Mixing study of the prolonged dilute Russell's viper venom time (DRVVT screen and mix ratios) provides no evidence of inhibition and, along with the normal DRVVT confirm ratio, provides no clear evidence of lupus anticoagulant (LAC) by this single methodology.

Negative results of the DRVVT assay do not exclude the possibility of LAC. Currently, the ISTH and the CLSI recommend testing for LAC with at least two phospholipid dependent clotting time assays based on different coagulation pathways and principles (e.g. lupus-sensitive APTT, DRVVT, etc.).

Note: Anticoagulation therapy effects such as warfarin, excess heparin, direct thrombin inhibitors (DTI) (e.g. dabigatran (Pradaxa), argatroban (Ancova), bivalirudin (Angiomax)), direct

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292

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factor Xa inhibitors e.g. rivaroxaban (Xarelto), apixaban (Eliquis), edoxaban (Savaysa)) may result in a false positive, false negative or equivocal assay performance for LAC. Suggest clinical correlation and repeat testing remote (greater than one week) from anticoagulation therapy, if indicated.

If clinically indicated, consider future follow up testing Coagulation Consultation ALUPP (Lupus Anticoagulant Profile) or Coagulation Consultation APROL (Prolonged Clot Time Profile).

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